

L05000053063

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(City/State/Zip/Phone #)

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(Business Entity Name)

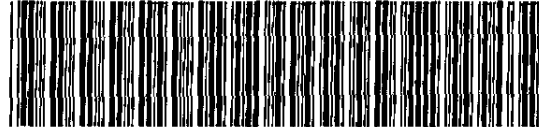
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TALLAHASSEE, FLORIDA

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TALLAHASSEE, FLORIDA  
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**CSC.**

CORPORATION SERVICE COMPANY

ACCOUNT NO. : 072100000032

REFERENCE : 396947 6099A

AUTHORIZATION :

COST LIMIT : \$ 155.00

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SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

ORDER DATE : May 27, 2005

ORDER TIME : 9:48 AM

ORDER NO. : 396947-005

CUSTOMER NO: 6099A

CUSTOMER: Ms. Enid J. Nalerio  
Moyle Flanigan Katz Raymond &  
Sheehan, P.a.  
P.o. Box 3888

West Palm Beach, FL 33402-3888

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TALLAHASSEE, FLORIDA

DOMESTIC FILING

NAME: NORTHLAKE CHIROPRACTIC, LLC

EFFECTIVE DATE:

ARTICLES OF INCORPORATION  
CERTIFICATE OF LIMITED PARTNERSHIP  
XX ARTICLES OF ORGANIZATION

PLEASE RETURN THE FOLLOWING AS PROOF OF FILING:

XX CERTIFIED COPY  
PLAIN STAMPED COPY  
CERTIFICATE OF GOOD STANDING

CONTACT PERSON: Darlene Ward - EXT. 2935

EXAMINER'S INITIALS: \_\_\_\_\_

**ARTICLES OF ORGANIZATION  
OF  
NORTHLAKE CHIROPRACTIC, LLC**

**FILED**  
05 MAY 27 PM 2:32  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

The undersigned hereby forms and establishes a limited liability company under the laws of the State of Florida.

**ARTICLE I**

The name of this limited liability company is NORTHLAKE CHIROPRACTIC, LLC ("Company").

**ARTICLE II**

This limited liability company shall have the perpetual existence from the date of filing these Articles with the Department of State unless sooner terminated by law.

**ARTICLE III**


The mailing address and street address of the Company's principal office is 4104 Myrtlewood Circle, East, Palm Beach Gardens, FL 33418. The Company may at its discretion, at any time, change the mailing address.

**ARTICLE IV**

The name and street address of the initial registered agent of this Company is Daniel Doorakian, Esq., 625 North Flagler Drive, 9<sup>th</sup> Floor, West Palm Beach, FL 33401.

IN WITNESS WHEREOF, I have hereunto subscribed my name this 26 day of May, 2005.

AUTHORIZED REPRESENTATIVE OF  
MEMBER

  
Daniel Doorakian

STATE OF FLORIDA                     )  
COUNTY OF PALM BEACH            )

The foregoing instrument was acknowledged before me this 26 day of May, 2005, by DANIEL DOORAKIAN, who is personally known to me, **OR** has produced \_\_\_\_\_ as identification.

Enid J. Nalerio

Notary Name: \_\_\_\_\_

Notary Public

Serial (Commission) Number

(If any) \_\_\_\_\_

(NOTARY STAMP)



Enid J. Nalerio  
MY COMMISSION # DD209557 EXPIRES  
June 18, 2007  
BONDED THRU TROY FARM INSURANCE, INC.

I am familiar with and hereby acknowledge and accept the obligations of the Registered Agent for NORTHLAKE CHIROPRACTIC, LLC.

Daniel Doorakian

Daniel Doorakian

Registered Agent